



# APPLICATION FOR COMMERCIAL PLAN REVIEW AND PERMIT

CITY OF SPRINGFIELD MISSOURI

Department of Building Development Services

840 Boonville

Springfield, MO 65802

PRJ# \_\_\_\_\_

(417)864-1064 Office

(417)864-1057 Fax

www.springfieldmo.gov

## I. LOCATION OF BUILDING

Address \_\_\_\_\_

Legal Description \_\_\_\_\_

Zoning \_\_\_\_\_ If Planned Development: PD# \_\_\_\_\_ Administrative Subdivision# \_\_\_\_\_

## II. PERMITS REQUESTED

☐ Building                      ☐ Electrical                      ☐ Fire Suppression Overhead  
☐ Mechanical                      ☐ Plumbing                      ☐ Fire Suppression Underground  
☐ Gas

## III. TYPE AND COST OF BUILDING

A. ☐ New Building                      ☐ Infill                      ☐ Addition  
     ☐ Alterations, Repair, Replacement  
 B. Use Group \_\_\_\_\_ (If mixed use - check applicable: ☐ non-separated; ☐ separated)  
 C. Construction Type \_\_\_\_\_  
 D. Number of Stories \_\_\_\_\_ Total Sq. Footage \_\_\_\_\_  
 E. Total Cost of Improvement \$ \_\_\_\_\_  
 F. Proposed Use of Building \_\_\_\_\_  
     Name of Business or Tenant \_\_\_\_\_  
     Describe Work to be Done \_\_\_\_\_  
     \_\_\_\_\_  
     \_\_\_\_\_

If Change of Use, enter proposed use \_\_\_\_\_

## IV. IDENTIFICATION (Must be completed by all applicants)

NAMES	MAILING ADDRESS	TELEPHONE/FAX NO.
Owner or Lessee	Mailing _____ _____	Phone # _____ Fax # _____
Contractor	Mailing _____ _____	Phone # _____ Fax # _____
Designer of Record*	Mailing _____ _____ *E-mail Address: _____	Phone # _____ Fax # _____

\*Designer - Please provide your E-mail address if you would like to receive Plan Review Letters via E-mail

*I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.*

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Print Name                      Signature                      Telephone Number                      Date

Comments \_\_\_\_\_

\_\_\_\_\_

FOR DEPARTMENT USE ONLY

V. ROUTING

	Building Development Services		Sanitary Services - BDS
	Flood Plain - BDS		Traffic
	City Utilities		Storm Water
	Planning		Storm Water Land Disturbance
	Health		

Due Date: \_\_\_\_\_

VI. PLAN REVIEW RECORD

PERMITS	APPROVAL DATE	PLAN REVIEWER	PERMITS	APPROVAL DATE	PLAN REVIEWER
BUILDING			GAS		
MECHANICAL			FIRE SUPPRESSION		
ELECTRICAL			FIS UNDRGRD		
PLUMBING					
M-E-P UNDRGRD					

PLAN REVIEWER COMMENTS/REQUIREMENTS:

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VII. VALIDATION

Permit Fee \$ \_\_\_\_\_

Plan Review Fee \$ \_\_\_\_\_ (minimum \$110.00)

Provisional Fee \$ \_\_\_\_\_

Total Fees \$ \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Method of Payment \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

( ) Interdepartmental Transfer Dept. \_\_\_\_\_ Acct No. \_\_\_\_\_

**COMMERCIAL BUILDING PERMIT FEE WORKSHEET  
BUILDING DEVELOPMENT SERVICES**

**ADDRESS:** \_\_\_\_\_

**I. USE GROUP/CONSTRUCTION TYPE**

Area 1 Use Group _____	Construction Type _____	Square Footage _____
Area 2 Use Group _____	Construction Type _____	Square Footage _____
Area 3 Use Group _____	Construction Type _____	Square Footage _____

**II. COMPUTE CONSTRUCTION FACTOR FOR NEW BUILDINGS & ADDITIONS:**

\*Refer to **2008** International Building Code Building Permit Fee Calculation Data

Area 1 Square Footage _____	x Gross Area Modifier <b>(85)</b>	x *Type of Construction Factor _____	= _____
Area 2 Square Footage _____	x Gross Area Modifier <b>(85)</b>	x *Type of Construction Factor _____	= _____
Area 3 Square Footage _____	x Gross Area Modifier <b>(85)</b>	x *Type of Construction Factor _____	= _____

**III. INFILLS AND REMODEL/RENOVATIONS FACTORS:**

Square Footage (Area Involved in Alteration Only) \_\_\_\_\_ x **(85)** x **0.30** = \_\_\_\_\_

**Total (Summary of Part II & III)**      \$ \_\_\_\_\_

**IV. PERMIT FEE CALCULATIONS: Using Total Above.**

<b>1st</b> 50,000 _____	x 0.004 ( <b>\$200.00 max</b> )	= \$ _____
<b>2<sup>nd</sup></b> 50,000 _____	x 0.003 ( <b>\$150.00 max</b> )	= \$ _____
<b>3<sup>rd</sup></b> 50,000 _____	x 0.002 ( <b>\$100.00 max</b> )	= \$ _____
<b>Over 150,000</b> _____	x 0.001	= \$ _____

**TOTAL BUILDING PERMIT FEE**      \$ \_\_\_\_\_

**V. MISCELLANEOUS PERMITS: (\*STAND ALONE PROJECTS\*)**

Fire Sprinkler System Installation <b>new \$200.00</b>	= \$ _____
Plan Review Fee <b>\$50.00</b>	= \$ _____
Fire Sprinkler Modifications to <b>existing systems \$100.00</b>	= \$ _____
Fuel Tanks <b>\$100.00</b> per tank <b>if not part of a building plan</b>	= \$ _____
Swimming Pool Installation <b>\$100.00</b>	= \$ _____

**PARKING LOTS** (Stand alone facilities) 1st 20,000 Sq. Ft. \_\_\_\_\_ x 0.0015 = \$ \_\_\_\_\_  
Over 20,000 Sq. Ft. \_\_\_\_\_ x 0.0010 = \$ \_\_\_\_\_  
**(Minimum \$100.00)**

**TOWERS** Tower Height \_\_\_\_\_, 1<sup>st</sup> 100 ft of height shall be **\$50.00** plus **\$20.00** for each additional 100 ft or fraction thereof or a minimum of **\$150.00** whichever is higher = \$ \_\_\_\_\_  
**Minimum Plan Review Fee is \$275.00** per tower regardless of height = \$ \_\_\_\_\_  
**Co-location Projects Fee is \$85.00** per antenna assembly = \$ \_\_\_\_\_

**Building Permit Fee (Minimum \$100.00)**      \$ \_\_\_\_\_

**\*Plan Review Fee (65% of Building Permit Fee or minimum \$110.0) (\*Due at time of submittal)**      \$ \_\_\_\_\_

**Provisional Fee, if applicable foundation only (30% of Building Permit Fee or Minimum \$100.00)**      \$ \_\_\_\_\_

**TOTAL PERMIT FEE DUE**      \$